



STATE OF HAWAII
DEPARTMENT OF HEALTH
P.O. Box 3378
Honolulu, HI 96801-3378

In reply, please refer to:
File:

NEUROTRAUMA ADVISORY BOARD (NTAB)
MEETING MINUTES
April 24, 2020

Present: Rita Manriquez, Scott Sagum, Molly Trihey, Stella Wong, Valerie Yamada, Matt Wells, Angie Enoka, Dr. Sara Farnham
Excused: Milton Takara, Leilani Nutt
Others: Dr. Violet Horvath, Pacific Disabilities Center (PDC);
Dr. Cheryl Chang, QMC; William Rodrigues, STBIAB Chair
DOH Staff: Chelsea Ko, Neurotrauma Supports; Michele Tong, Neurotrauma Supports; Christel Magallanes, Neurotrauma Supports; Wendie Lino, Neurotrauma Supports; Sevia Seui, Community Resources Branch

- I. **Call to Order** – Meeting was called to order at 1:33 pm by Chair Scott Sagum. Quorum present.
- II. **Approval of Minutes from the February 28, 2020 meeting** –
Board Member Molly Trihey noted to correct “next meeting” date under Section VI from “March 31, 2020” to “April 24, 2020.” Ms. Trihey motioned to accept minutes as revised. Board Member Rita Manriquez

seconded the motion. All Board Members present voted in favor of minutes being accepted as revised. No questions or discussions.

III. **Review of Agenda** – Agenda accepted as written. No questions or discussions.

IV. **New Business:**

A. Strategic Plan FY 2021-2023:

NTAB members were asked to provide objective feedback for the upcoming Strategic Plan FY 2021-2023. DOH Staff Chelsea Ko also discussed the current Strategic Plan FY 2016-2020, highlighting areas of accomplishments and unfinished goals. Board member feedback received today will be reviewed and discussed again during the next State Traumatic Brain Injury Advisory Board (STBIAB) and Stakeholder's Meeting in May; date and time TBD.

NTAB feedback as follows, per objective:

Public Education:

What should we focus on for public education FY 21-23?

- Head, Neck, Spine & HCAMP
- Surfers getting concussions
- Causes data to drive objectives
- HNTR data-falls and motor vehicle crashes; also, a good-sized group with no idea what caused their injuries (sample size is 600 people)

What population/educational message should we focus on?

- Elementary school-starting young to relay the message
- Elementary school through kupuna, lack information; overwhelmed with too much information
- Simplify and reinforcing with kupuna to help remember
- Mission, try to prevent NT injuries
- Good to find out where majority of injuries are coming from and focus on those
- Injuries do not discriminate by age, ethnicity

Provider education to increase provider capacity:

What should we focus on for provider education for FY 21-23?

- Using the data from Dan; most common versus greatest propensity for long-term disability. Recognition and follow-up for providers. Pretty good at recognition but need improvement for follow-up
- Speak with or involve social work department of UH & HPU. They follow a patient after discharge. What does it mean to have a brain injury?
- Domestic violence and TBI
- Vocational counselors
- Employers on hiring and working with people with NT injuries
- Nothing is worse than a survivor having a need and seeking out a provider that lacks skill; start with basic needs of survivors, Transfer training. Need more help with basic daily living. When don't have training to help, very frustrating. Educating agencies

on injuries and what help is needed. What groups of providers are out there that provide the most help for people in our situation. Higher level SCI—home care agencies.

- DVR monitor
- Agency that does nurse aid training—be calm, patient
- Working with caregivers to know what to expect, survivors—in the early stages what they have to expect
- Different based on the NT injury

Identifying services/resources to expand resource database:

What should we focus on for provider education for FY 21-23:

- Don't know NT exists
- Resource manuals—resources change very quickly; want to keep up to date
- The need for services/resources on neighbor islands and lack of consistency (physicians move). Have to tell story over again. Want to add more quality resources.
- After injury, trying to take in all info at hospital. Social workers at hospital know that NT is a resource.
- Discharge packet? Too much information for survivor; information for family members.
- Packet for 6 months down the line
- Make a card/business card
- Queen's Rehab, other facilities give out different information. Discharge can be simple and call for more information.

- Packet/information for family members is also important; checkup more often (after 3 months instead of 6 months), depending on injury.
- Might be more helpful to have someone to talk to instead of looking in binder
- Be there when they're ready for us (card to call when ready).
Updating website
- To get the word out—classroom setting where we educate staff at hospitals. Education on what we do and direct people to us
- Training on what to do if someone falls
- Letting people know about support groups
- Information BIA has that we can use
- More online support groups

Increasing data reporting to identify needs:

What should we focus on for the Registry for FY 21-23?

- A lot of people don't get medical help for TBI
- Need to publicize it to get good numbers. Simplify question about needs. Easier to answer and also add a few more categories.
- Continue I&Rs
- Incentives have made a difference for participation in Registry
- Needs assessment first – getting input from survivors and family members on a more personal level.
- Reduce survey further

- Advertise more, convince social workers to refer, if willing to call, give a plug for needs
- Approach compassionately
- Rehab PTs/neurotrauma providers can inform what is needed
- Provider survey

B. Stroke Awareness Month:

Neurotrauma Supports will feature a virtual photo scavenger hunt activity on DOH's website to promote stroke awareness in May. The scavenger hunt allows individuals to post photos of them participating in healthy activities such as blood pressure reading and healthy recipes. Participants will receive a prize; details are still being finalized.

STBIAB member Bill Rodrigues suggested to forward information for the military community and Tripler Hospital. Dr. Violet Horvath also suggested a Kid's storytelling hour about stroke via zoom, once or twice a week.

V. **Old Business:**

A. Project Head, Neck, Spine (HNS) Update:

Representative not present; please see HNS handout for the full report.

B. RAPID Hawaii Update:

The vendors for RAPID HI conducted a kick-off to introduce the project to hospitals such as Kauai Veterans Memorial and Kona. During the kick-off, hospitals were given questionnaires to assess system and equipment needs required to provide RAPID service. According to Dr. Cheryl Chang of Queen's Medical Center (QMC), some hospitals are experiencing certain challenges such as leadership change and working with archaic equipments, assuming a delay in the implementation process. Dr. Chang hopes the sustainability of the project is completed in three years. As it stands, the RAPID HI project is pushed back 6 months due to the COVID pandemic.

Chair Scotty Sagum asked if Wilcox Hospital on Kauai currently provides telestroke service. Dr. Chang replied that Wilcox is part of the Hawaii Pacific Health (HPH) system and has RAPID service.

QMC does not have access to all of its' RAPID images.

Dr. Chang announced she will be leaving QMC for a lead position at Duke University's Neuro critical care unit. Dr. Koenig and Dr. Nakagawa will both resume as project lead; transition will happen in July.

Please see the RAPID Hawaii handout for the full report.

C. Pacific Disabilities Center (PDC)/Hawaii Neurotrauma Registry (HNTR) Update:

Due to DOH and UH internal deadlines, the HNTR project formally concludes on June 19, 2020. According to Dr. Violet Horvath of PDC, the data collection part is completed but are currently working to

compile information and referral (I&R) data. Year to date, HNTR collected 255 surveys, increasing the total number of surveys to 600 (Year 1-Year 7). Dr. Horvath reported 161 I&Rs were collected this year.

Referring to the Activities report, HNTR was short of 47 surveys to reach the 300 target. The last neighbor island trip was on March 14th to Kauai for the Waimea Health Fair. Due to the COVID pandemic, HNTR was unable to complete the remaining scheduled trips.

Please see HNTR handout for the full report

D. Brain Injury Association (BIA) of Hawaii Update:

No update

E. Legislative Update:

No update

F. Neighbor Island Activities:

No activities due to pandemic

G. DOH Updates:

Neurotrauma Supports introduced new board member Matt Wells of Pali Momi Hospital. Mr. Wells, a Registered Nurse, is the current Stroke Coordinator-Trauma program manager with 26 years' experience in the medical field.

VI. Announcements:

VI. Next Meeting: Neurotrauma Advisory Board Meeting

Date: June 26, 2020

Time: 1:30 – 4:00 pm

Location: TBD

VII. Upcoming 2020 Meeting Dates

August 28, October 23, and December 18

Meeting Adjourned at 3:30 pm.

Project Head, Neck, Spine Update
NTAB Meeting: April 24, 2020

Six schools utilizing curriculum:

- Six high schools, four middle schools, and two upper el. started
 - One school using in middle and high school
- Five schools on Oahu
 - 4 Honolulu (Upper El = 19; Middle N = 565; High N = 97)
 - Upper El schools have only completed pre-test so excluded from total data count
 - 1 West Oahu – 2 teachers (High = 133)
- Three schools on Maui (Middle N = 105; High N=116)
 - 17 students from Maui high schools are new this SY and have only taken pre-test so excluded from count.
- One school on Kauai (Middle N = 10; High N = 18)
- One school on Hawaii island (High N = 4)

Data:

- 9 instructors (**three instructors used/using it for the second time)
- Total students N = 1048
 - Average summary score of 83.2%
 - 821 completed module 4 (half-way) - Average summary score: 84.8%
 - 636 complete - Average summary score: 85.9%
- Pre- and Post-test data
 - Pre-test average of 62.1%
 - Post-test average of 76.5%

New Miscellaneous:

- We reached out to teachers and administrators during the Covid-19 distance learning transitional period. Four new teachers signed up. Two have started.
- We are now on all of the major islands.
- Illustrator will hopefully be done will illustrations by the end of April/early May

RAPID Hawaii: A Statewide Collaboration on Acute Stroke Care

Last Update: February 21, 2020

Current Update: April 16, 2020

Due to the COVID-19 pandemic, priorities at the RAPID-Hawaii participating hospitals and the Queen's Medical Center have changed with regard to implementing this project during the time-frame initially projected and it is expected that the project will be delayed by at least six months if not longer.

However, during this time, the ISchemaView team was able to touch base with the participating hospitals during the month of March. Nathan Richardson, the technical expert from ISchemaView, updated the QMC team with the following report:

- **Castle Medical Center** – Had an introductory kickoff call several weeks ago with follow up with an email and questionnaire to gather necessary information for the project. Awaiting follow-up.
- **Hilo Medical Center (HHSC)** - Same as above.
- **Kauai Veterans Memorial Hospital (HHSC)** – Spoke with the administrative lead of radiology who is excited about the potential of the project but has many questions regarding CT scanner capabilities and cost. Information was sent regarding the scanner and provided the basic scan parameters for CT perfusion on that scanner via email after the call. The Queen's team will follow-up on questions regarding the process and future expense/cost after the Hawaii state grant ends in three years.
- **Kona Community Hospital (HHSC)** - Per the radiology contact, will have difficulty devoting time and resources during the COVID-19 pandemic and their hospital's recent leadership changes.
- **Kuakini Medical Center** – difficulty connecting with radiology at this time.
- **Wahiawa General Hospital** – Had an introductory kickoff call several weeks ago with a followup email to gather more information for the project. Awaiting further follow-up.

Respectfully submitted:

Cherylee Chang, MD, on behalf of the RAPID-Hawaii Statewide Collaboration

Hawaii Neurotrauma Registry Project

Activities Report

This report includes only December 2019 – March 2020. The monthly details for March – November 2019 are not shown.

	Registry New Enrollees (total)	Oahu	Hawaii	Maui County	Kauai	Outreach Activities	General	Educational Presentations	
Dec-19	6	6	0	0	0	5	3	2	Dec-19
Jan-20	2	0	0	2	0	6	5	1	Jan-20
Feb-20	19	4	11	3	0	11	5	6	Feb-20
Mar-20	26	3	10	0	12	15	10	5	Mar-20
TOTAL	253	75	69	61	32	136	60	28	TOTAL
Annual Target	300	200	50	25	25	240	168	72	Annual Target
# to meet target	47	125	-19	-36	-7	104	108	44	# to meet target

NOTE: A few people who took the survey are from out of state and their locations are not included in the table.

NOTE: A negative number (such as -19) means the target number has not only been reached, but has been exceeded.

Hawaii Neurotrauma Registry Project

Information and Referral Report

This report includes only December 2019 – March 2020. The monthly details for March – November 2019 are not shown.

	Initial Contacts					Outcomes			6 month follow-ups		12 month follow-ups	
	# of I&R rec'd	Contact in 14 days	Contact after 14 days	No contact made	In Process	Took survey	Req'd res	Dec. assist	Number of 6 month follow-ups	Number contacted	Number of 12 month follow-ups	Number contacted
Dec-19	9	4	1	4	0	0	3	2	1	0	0	0
Jan-20	5	4	0	1	0	0	2	2	8	3	2	0
Feb-20	9	6	3	0	0	7	6	3	2	2	0	0
Mar-20	8	3	2	3	0	8	2	6	6	2	3	1
TOT-AL	161	82	12	35	22	62	37	31	45	21	212	132